

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-678)**

SERIAL NO. 1010491695
APPLICANT(S)

FILING DATE

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		4		1		
6		2		1		
7		0		0		
8		0		1		
9		1		1		
10		1		1		
11		0		1		
12		0		1		
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15			1			
16			1			
17				1		
18		4		1		
19		0		1		
20		3		1		
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29		0		1		
30		0		1		
31		0		2		
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41		0		0		
42			1			
43				1		
44				1		
45				1		
46						
47						
48						
49						
50						
TOTAL IND.	2		8			
TOTAL DEP.	49		43			
TOTAL CLAIMS	51		51			

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TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY